A21000000508

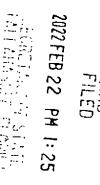
| (R | equestor's Name) | |
|-------------------------|-----------------------|--------------|
| (Ad | ddress) | |
| (Ac | ddress) | |
| (C | ity/State/Zip/Phone i | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name |) |
| (D | ocument Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



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COVER LETTER

| TOb Amendment Section Division of Corporations | * |
|--|--|
| | PLACE HOMES LP |
| Name of Limited Partnersh | ip or Limited Liability Limited Partnership |
| DOCUMENT NUMBER: A21000000 | 508 |
| The enclosed Resignation of Registered Ag | ent and fee(s) are submitted for filing. |
| Please return all correspondence concerning | g this matter to: |
| United States Corporation Ager | ats, Inc. |
| Contact Person | |
| Legalzoom.com, Inc. | |
| Firm/Company | |
| 9900 Spectrum Dr. | |
| Address | |
| Austin, TX 78717 | |
| City, State and Zip Code | |
| raresignations@legalzoom.c | |
| For further information concerning this man | ter, please call: |
| Name of Contact Person | at (<u>800</u>) 773-0888 Area Code and Daytime Telephone Number |
| Enclosed is a check made payable to the Flo | orida Department of State for: |
| _ | |
| ✓ \$87.50 Filing Fee | 87.50 Filing Fee and \$52.50 Certified Copy Fee) |
| STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

RESIGNATION OF REGISTERED AGENT **FOR** LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| Pursuant to the provi | sions of section 620.1116, Florida Statutes, the undersigned, |
|-----------------------|---|
| United | States Corporation Agents, Inc. hereby resigns as |
| | Name of Registered Agent |
| Registered Agent for | YOUR PLACE HOMES LP Name of Limited Partnership or Limited Liability Limited Partnership |
| 4040 | |
| | 00000508 |
| Florida Documen | Number, if known |
| the Florida Departn | Signature of Registered Agent |
| If signing on behalt | of an entity: |
| _ | Cheyenne Moseley |
| | Typed or Printed Name |
| _ | Asst. Secretary for United States Corporation Agents, Inc. |
| _ | Capacity |

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50

